

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **15399**

FILED MAY 11 1953

BIRTH NO. 124 REG. DIST. NO. 316 PRIMARY REG. DIST. NO. 6075 Registrar's No. 155

<b>1. PLACE OF DEATH</b> a. COUNTY <u>St. Francois</u> b. CITY (If outside corporate limits, write RURAL and give name of place) <u>Farmington St. Francois</u> OR TOWN <u>Rural</u> c. LENGTH OF STAY (In this place) <u>11; 31; 28</u> d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Missouri State Hospital No. 4</u>				<b>2. USUAL RESIDENCE</b> (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>City of St. Louis</u> c. CITY (If outside corporate limits, write RURAL and give township) <u>St. Louis</u> d. STREET ADDRESS (If rural, give location) <u>3928 a Dover Place</u>			
<b>3. NAME OF DECEASED</b> (Type or Print) <u>THOMAS</u> a. (First) <u>THOMAS</u> b. (Middle) <u>JAMES</u> c. (Last) <u>LAVIN</u>		<b>4. DATE OF DEATH</b> (Month) (Day) (Year) <u>April 29, 1953</u>		<b>5. SEX</b> <u>Male</u> <b>6. COLOR OR RACE</b> <u>White</u> <b>7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED</b> (Specify) <u>Married</u>			
<b>8. DATE OF BIRTH</b> <u>May 14, 1898</u>		<b>9. AGE</b> (In years last birthday) <u>54</u> If UNDER 1 YEAR: Months <u>11</u> Days <u>15</u> If UNDER 10 HRS. Hours <u>15</u> Min.		<b>10. USUAL OCCUPATION</b> (Give kind of work done during most of working life, even if retired) <u>Life Insurance Salesman-Supervisor Vet. Adm. Ins. Dept.</u>			
<b>11. BIRTHPLACE</b> (City and State or Foreign Country) <u>St. Louis, Mo.</u>		<b>12. CITIZEN OF WHAT COUNTRY</b> <u>U.S.A.</u>		<b>13a. FATHER'S NAME</b> <u>Dominic Lavin</u>			
<b>13b. MOTHER'S MAIDEN NAME</b> <u>Mary Higgins</u>		<b>14. NAME OF HUSBAND OR WIFE</b> <u>Frances Doherty</u>		<b>15. WAS DECEASED EVER IN U.S. ARMED FORCES?</b> (Yes, no, or unknown) <u>Yes</u> (If yes, give war or dates of service) <u>World War I</u>			
<b>16. SOCIAL SECURITY NO.</b> <u>498-16-1747</u>		<b>17. INFORMANT'S SIGNATURE OR NAME</b> <u>Records, State Hospital No. 4, Farmington, Mo.</u>		<b>18. CAUSE OF DEATH</b> Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death. <b>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*</b> (a) <u>Cerebral hemorrhage</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Malignant hypertension-</u> DUE TO (c) _____ <b>II. OTHER SIGNIFICANT CONDITIONS</b> Conditions contributing to the death but not related to the disease or condition causing death. <u>Psychosis due to circulatory disturbances of the brain.</u>			
<b>19a. DATE OF OPERATION</b>		<b>19b. MAJOR FINDINGS OF OPERATION</b> <u>331X</u>		<b>20. AUTOPSY?</b> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
<b>21a. ACCIDENT SUICIDE HOMICIDE</b> (Specify)		<b>21b. PLACE OF INJURY</b> (e.g., in or about home, farm, factory, street, office bldg., etc.)		<b>21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)</b>			
<b>21d. TIME OF INJURY</b> (Month) (Day) (Year) (Hour) (Min.)		<b>21e. INJURY OCCURRED WHILE AT WORK</b> <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		<b>21f. HOW DID INJURY OCCUR?</b>			
<b>22. I hereby certify that I attended the deceased from</b> <u>Jan. 1, 1952</u> <b>to</b> <u>April 29, 1953</u> , <b>that I last saw the deceased alive on</b> <u>April 29, 1953</u> , <b>and that death occurred at</b> _____ <b>m., from the causes and on the date stated above.</b>							
<b>23a. SIGNATURE</b> <u>[Signature]</u> (Degree or title)		<b>23b. ADDRESS</b> <u>State Hospital No. 4, Farmington, Mo.</u>		<b>23c. DATE SIGNED</b> <u>4-30-53</u>			
<b>24a. BURIAL, CREMATION, REMOVAL</b> (Specify) <u>Burial</u>		<b>24b. DATE</b> <u>May 2, 1953</u>		<b>24c. NAME OF CEMETERY OR CREMATORY</b> <u>Calvary Cem.</u>			
<b>24d. LOCATION</b> (City, town, or county) (State) <u>St. Louis, Mo.</u>		<b>25. FUNERAL DIRECTOR'S SIGNATURE</b> <u>[Signature]</u>		<b>ADDRESS</b> <u>Southern Funeral Home, 6322 So. Grand St. Louis, Mo.</u>			

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STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by\_\_\_\_\_

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student .....  
Student Embalmer

Signed \_\_\_\_\_

Licensed Embalmer No. 4084

P. O. Address Farmington, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.